# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name			Cla	ssification	Population	Owne	er Type	Primary Source	
CT0090292 AQUARION WATER CO OF CT-BERKSHIRE CORP				NTNC	80		Р	SWP	
Local Address (where applicable)		Service	Residential		Commerci	al Industr	ial C	al Combine	d Agricultural
4 PARK LAWN DRIVE		Connections	30	30		12		1	

Towns Served: BETHEL

**Compliance Schedule Activity** 

Monitori	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Chlorine Residual (0999)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Disinfectant Byproducts - TTHM & HAA5 (DBP)		2 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
2 PARKLAWN DRIVE (04736)	10/1/18 - 12/31/18	11/1-11/30	Complete
	1/1/19 - 3/31/19	2/1-2/28	Complete
	4/1/19 - 6/30/19	5/1-5/31	
	7/1/19 - 9/30/19	8/1-8/31	
3 BERKSHIRE BLVD (04737)	10/1/18 - 12/31/18	11/1-11/30	Complete
	1/1/19 - 3/31/19	2/1-2/28	Complete
	4/1/19 - 6/30/19	5/1-5/31	
	7/1/19 - 9/30/19	8/1-8/31	
Lead And Copper (PBCU)		10 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/20	6/1-9/30	
	1/1/21 - 12/31/23	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Other Con	nnliance Schedules		

other compliance	Jeneadies	
	Due Date	Achieved Date

CROSS CONNECTION SURVEY REPORT 3/1/2020

rubile Notification Requirements										
	Compliance Notice		<u>Public Notification</u>	PN Certification						
Violation/Situation	Period	Tier	Required Performed	Due to DPH Received						
				the second of						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0090292 AQUARION WATER CO OF CT-BERKSHIRE CORP				NTNC	80	Р	SWP	
Local Address (where applicable)		Service	Resider	itial	Commercia	al Industri	al Combine	ed Agricultural
4 PARK LAWN D	RIVE	Connections	30		30	12	1	

Total Haloacetic Acids M&R Violation 10/1/16 - 12/31/16 3 4/10/2018 4/20/2018

otal Halo	pacetic Acids M&R Violation	10/1,	/16 - 12/31/16 3	4/10/2	018		1/20/2018	
	Water S	ystem Facili	ity and Sampling Po	oint In	iventoi	у		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	04736	2 PARKLAWN DRIVE	Α	Υ			Υ
		04737	3 BERKSHIRE BLVD	Α				Υ
		4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		GWS001	PUMP HOUSE	1	Υ			
		GWS002	11 BERKSHIRE BLVD	Α				
		GWS003	13 BERKSHIRE BLVD	Α				
		GWS004	15 BERKSHIRE BLVD	Α				
		GWS005	17 BERKSHIRE BLVD	Α				
		GWS006	21 BERKSHIRE BLVD	Α				
		GWS007	1 PARKLAWN DRIVE	Α				
		GWS008	2 PARKLAWN DRIVE	Α			Υ	
		GWS009	6 PARKLAWN DRIVE	Α				
		GWS010	13 PARKLAWN DRIVE	Α	Υ			
		GWS011	15 PARKLAWN DRIVE	Α			Υ	
		PB7346	24 DEEPWOOD BETHEL	Α	Υ	N		
		PB7347	4 PARKWOOD BROOKFIEL	_ A	Υ	N		
		PB7348	2 PARKWOOD BROOKFIEL	_ A	Υ	N		
		PB7349	7 PARKWOOD BROOKFIEL	_ A	Υ	N		
		PB7350	10 PARKWOOD BROOKFIE	E A	Υ	N		
		PB7351	8 PARK LANE BROOKFIE	Α	Υ	N		
		PB7352	10 PARK LANE BROOKFI	Α	Υ	N		
		PB7353	6 PARKWOOD BROOKFIEL	_ A	Υ	N		
		PB7354	15 PARKWOOD BROOKFIE	E A	Υ	N		
		PB7355	11 PARKWOOD BROOKFIE	E A	Υ	N		
		PB7356	4 PARK LANE BROOKFIE	Α	Υ	Ν		
		PB7357	26 DEEPWOOD BETHEL	Α	Υ	3		
		PB7358	23 DEEPWOOD BETHEL	Α	Υ	N		
		PB7359	5 PARKWOOD BROOKFIEL	_ A	Υ	N		
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				

48763 INTERCONNECTION - DANBURY WATER DEPT

# **Certified Operator Information**

Page 2

Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section	
Water Quality Monitoring and Compliance Schedule	

	<u> </u>							
PWS ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
СТ0090292	CT0090292 AQUARION WATER CO OF CT-BERKSHIRE CORP				NTNC	80	Р	SWP
Local Address (where applicable)		Service	Residen	tial Commerci		al Industri	al Combine	ed Agricultural
4 PARK LAWN D	RIVE	Connections	30		30	12	1	

Towns Served: BETHEL									
Certified Operator Information									
Water System Facility: <b>DIST</b>	RIBUTION SYSTEM (WSF ID: 00600	))							
Facility Classification: SMALL W	ATER SYSTEM			Certification					
Operator Name	Operator Type	Certification(s)	Certification(s)						
LOTT, LESTER	CHIEF OPERATOR	DISTRIBUTION SYSTI	EM OPERATOR - CLASS III	9/30/2021					
LEGAN, JOSEPH R.	ASSIGNED OPERATOR	WATER TREATMENT	WATER TREATMENT PLANT OPERATOR - CLASS II						
		DISTRIBUTION SYSTI	EM OPERATOR - CLASS II	6/30/2019					
Contact Information									
Name	Organizatio	on	Job Titl	e					
Mr. John P. Walsh Aquarion W		Vater Company	Vice President						

Contact Role(s): Administrative Contact, Legal Contact

Extension

#### Please note the following:

Mailing Address Line One

600 Lindley Street

**Business Phone** 

203-337-5852

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mail Stop 250

Mailing Address Line Two

**Mobile Phone** 

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

203-337-5938

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Zip Code

06606

City

jwalsh@aguarionwater.com

Bridgeport

**Emergency Phone Email Address** 

781-413-6175

State

CT

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0099143	MOUNTAIN LAUREL PLAZA, WELL 2				NTNC	50	Р	GW
Local Address (where applicable)		Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
68 STONY HILL F	ROAD BUILDING 2	Connections	1					

Towns Served: BETHEL			-
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/20	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Chloride (1017)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Dep	oartmen	it of Public H	lealth I	<b>Drinki</b>	ng Water S	Section	
	Water Or	ality Mo	onitoring an	d Comi	olianc	e Schedule	<u>,</u>	
PWS ID	PWS Name	icilloy 11	21116011119 6111			on Population C		imary Source
CT0099143	MOUNTAIN LAUREL PLAZ	A. WELL 2			NTNC	50	Р	GW
	where applicable)	7	Service	Residentia			Combined	Agricultural
	ROAD BUILDING 2		Connections	1				0
Towns Served:								
		M	onitoring Requ	iiremen	ts			
Water System	n Facility: ENTRY POINT	(WSF ID: 00	0700)					
Pesticides, H	erbicides and PCBs - Pha	se II & V (S	OCS)			1 rout	ine (RT) per t	hree years
Sampling	Point (Sampling Point ID)			Monitoring	g Period	Collection Peri	od Compli	ance Status
				1/1/20 - 12	2/31/22			
<b>Organic Cher</b>	micals (VOCS)					1 ו	routine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)			Monitoring	g Period	Collection Perio	od Compli	ance Status
ENTRY PO	INT (3)			10/1/18 - 1	2/31/18		Co	mplete
				1/1/19 - 3			Co	mplete
				4/1/19 - 6	/30/19			
				7/1/19 - 9	/30/19			
		Oth	er Compliance	Schedu	ıles			
Compliance Sci	hedule Activity			Du	ue Date	Achiev	ed Date	
SUBMIT LEAD (	CONSUMER NOTICE CERTIFIC	CATE		12/	29/2013			
SUBMIT LEAD (	CONSUMER NOTICE CERTIFIC	CATE		12/	29/2014			
SUBMIT LEAD (	CONSUMER NOTICE CERTIFIC	CATE		12/	29/2015			
SUBMIT LEAD (	CONSUMER NOTICE CERTIFIC	CATE		12/	29/2016			
SUBMIT LEAD (	CONSUMER NOTICE CERTIFIC	CATE		12/	29/2017			
CROSS CONNEC	CTION SURVEY REPORT			3/	1/2019			
		Public	<b>Notification R</b>	equiren	nents			
			Compliance	Notice	<u>Publi</u>	c Notification	PN Cert	<u>ification</u>
Violation/Situa			Period	Tier	Require		Due to DPH	Received
	er M&R Violation		1/1/12 - 12/31/12	3	4/3/20		4/13/2014	
Chloride MCL V			10/1/18 - 12/31/18	2	3/23/20	3/1/2019	4/2/2019	3/1/2019
Chloride MCL V	/iolation		1/1/19 - 3/31/19	2	5/9/20	19	5/19/2019	
	Water	System F	acility and Sar	mpling P	Point In	ventory		
Water						Total Lead a		
	ter System Facility		Point Sampling Poi	nt	(	Coliform Coppe		Stage
Facility ID		ID	Description		Status		ier Asbestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTIO		A	Υ		
			REAM WITHIN 5 SEF		A			
		UPSTRE	AM WITHIN 5 SEF	RVICE CON	Α			

 Facility Classification:
 SMALL WATER SYSTEM
 Certification

 Operator Name
 Operator Type
 Certification(s)
 Expiration

 FOLEY, JAMES
 CHIEF OPERATOR
 WATER TREATMENT PLANT OPERATOR - CLASS II
 3/31/2020

**ENTRY POINT** 

**Certified Operator Information** 

WELL

00700

20074

**ENTRY POINT** 

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

WELL 2

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0099143	T0099143 MOUNTAIN LAUREL PLAZA, WELL 2				NTNC	50	Р	GW
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
68 STONY HILL	ROAD BUILDING 2	Connections	1					

Name				า	Job Title			
Mr. David Dannin Mountain Laurel Plaza, Inc.				President				
One		Mailing Ad	Mailing Address Line Two			City	State	Zip Code
		P. O. Box !	5029			ld	СТ	06804-5029
Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
	203-775-5	5086	203-733-0360	ddannin@earthlink.ne				
		Extension Fax	P. O. Box 5	One Mailing Address Line Two P. O. Box 5029 Extension Fax Mobile Phone	One Mailing Address Line Two P. O. Box 5029 Extension Fax Mobile Phone Emergency Phone	One Mailing Address Line Two P. O. Box 5029 Brookfie Extension Fax Mobile Phone Emergency Phone Email Ad	One Mailing Address Line Two City P. O. Box 5029 Brookfield Extension Fax Mobile Phone Emergency Phone Email Address	One Mailing Address Line Two City State P. O. Box 5029 Brookfield CT Extension Fax Mobile Phone Emergency Phone Email Address

## Contact Role(s): Administrative Contact, Legal Contact, Owner

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0099233	KINDERCARE LEARNING CENTER INC.				NTNC	157	Р	GW
Local Address (v	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
174 OLD HAWL	EYVILLE ROAD	Connections	1					

Towns Served: BETHEL			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/20	6/1-9/30	
	1/1/21 - 12/31/23	6/1-9/30	
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Typ	e Pri	imary Source
CT0099233	KINDERCARE LEARNING CENTER INC.				NTNC	157	Р		GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industr	ial Combi	ned	Agricultural
174 OLD HAWLE	YVILLE ROAD	Connections	1						

Monitoring Requirements								
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years					
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>					
	1/1/20 - 12/31/22							
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year					
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>					
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete					
	1/1/19 - 12/31/19		Complete					
	1/1/20 - 12/31/20							
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years					
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status					
ENTRY POINT (3)	1/1/17 - 12/31/19							
	1/1/20 - 12/31/22							
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years					
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>					
ENTRY POINT (3)	1/1/17 - 12/31/19							
	1/1/20 - 12/31/22							
Organic Chemicals (VOCS)		1 routine	(RT) per three years					
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>					
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete					
	1/1/20 - 12/31/22							
Othor Com	anlianco Schodulos							

Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2017								
CROSS CONNECTION SURVEY REPORT	3/1/2019		·						

	Wat	er System Facili	ty and Sampling P	oint ir	nventor	'y		
Water					Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		KC01	SINK 6 YRS & OLDER	Α	Υ	1		
		KC02	DOUBLE SINK 4 YR OLD	Α	Υ	1	Υ	
		KC03	DOUBLE SINK PRESCHL	Α	Υ	1		
		KC04	SINK 2 YEAR OLD	Α	Υ	1		
		KC05	SINK 2 YEAR OLD	Α	Υ	1		
		KC06	SINK 2 YEAR OLD	Α	Υ	1		
		KC07	SINK TODDLER	Α	Υ	1		
		KC09	SINK IN KITCHEN	Α	Υ	1		
		UPSTREAM	WITHIN 5 SERVICE CON	Α				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	2 2 2 2	<del>- 0</del> -		<u> </u>				
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0099233	KINDERCARE LEARNING CENTER INC.				NTNC	157	Р	GW
Local Address (\	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
174 OLD HAWL	EYVILLE ROAD	Connections	1					

	Water System Facility and Sampling Point Inventory									
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00700	ENTRY POINT	3	ENTRY POINT	Α						
10041	WELL #1	2	WELL #1	Α						
52034	PRESSURE STORAGE									

## **Certified Operator Information**

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SYSTE	M		Certification
Operator Name	Operator Type	Certification(s)	Expiration
FOLEY, JAMES	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	3/31/2020

			• · · · · · · · · · · · · · · · · · · ·	•	***************************************		O	02.100.1.	0,0=,=0=0
			Co	ontact Inf	ormation				
Name			Organization	1		Job Title			
Ms. Wendy Makse	1			Kindercare L	earning Center		Center Dire	ctor	
Mailing Address Lin	ie One		Mailing Addr	ess Line Two			City	State	Zip Code
174 Old Hawleyville	Rd.					Bethel		СТ	06801
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	ldress	·	
203-792-6991						care@ki	ndercare.co	m	
					*				

Contact Role(s): Administrative Contact, Legal Contact

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0099243	PRECIOUS MOMENTS				NTNC	30	Р	GW
Local Address (v	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
8 EDMOND ROA	D	Connections	1					

Towns Served: BETHEL			
Monitoring R	equirements		
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600</b>	)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/19	6/1-9/30	Complete
	1/1/19 - 12/31/21	6/1-9/30	
	1/1/22 - 12/31/24	6/1-9/30	
Physical Parameters (PPS)			ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department o Water Quality Monit				_	•		ection	
PWS ID	PWS Name	0 -		-			_	ner Type	Primary Source
CT0099243	PRECIOUS MOMENTS				NTNC	30		Р	GW
Local Address	Service	Residen	itial	Commerci	al Industr	ial	Combine	d Agricultural	
8 EDMOND RC	Connections	1							

Towns Served: BETHEL			
Monitoring	g Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 routine	RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Other Comp	liance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
CROSS CONNECTION EXEMPTION	3/1/2010		

CLIBMITTE	EAD CONSUMER NOTICE CERT	TIEICATE	1	2/29/2013					
JOBIVIII LI			_	· ·					
	Wat	er System Facili	ity and Sampling	Point Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	/ А	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CO	N A					
		PM001	K SINK WINDOW	Α	Υ	1			
		PM002	K SINK REFRIG	Α	Υ	1			
		PM003	STAFF R RM	Α	Υ	1			
		PM004	C R RM SM SINK	Α	Υ	1			
		PM005	C R RM LG SINK	Α	Υ	1			
		PM006	INFANTS RM	Α	Υ	1			
		UPSTREAM	WITHIN 5 SERVICE CO	N A					
00700	ENTRY POINT	3	ENTRY POINT	Λ					

		1 141005	317111 11 11111	, ,	•	-		
		PM004	C R RM SM SINK	Α	Υ	1		
		PM005	C R RM LG SINK	Α	Υ	1		
		PM006	INFANTS RM	Α	Υ	1		
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
10042	WELL	2	WELL	Α				
51373	PRESSURE STORAGE							
	Certified Operator Information							
Water Sy	Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
		_						

Facility Classification: SMALL W	ATER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
QUINK, GREGORY	CHIEF OPERATOR	SMALL WATER SYSTEM OPERATOR CONDITIONAL	12/31/2019

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		 <u> </u>	0		1				
PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
СТ0099243	PRECIOUS MOMENTS					NTNC	30	Р	GW
Local Address (\	vhere applicable)		Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
8 EDMOND ROA	۸D		Connections	1					

			Co	ontact Inf	ormation				
Name				Organization	า		Job Title		
Ms. Kathleen Quink			Precious Mo	ments					
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code	
8 Edmond Road						Bethel		СТ	06801
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address			
203-743-6368						info@preciousmomentsdaycare.info			

# Contact Role(s): Administrative Contact, Legal Contact, Owner

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	e Pri	mary Source
CT0090344	MOUNTAIN LAUREL PLAZA, WELL 1				NTNC	55	Р		GW
Local Address (w	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ned	Agricultural
68 STONY HILL R	OAD, BUILDING 1	Connections			1				

Towns Served: BETHEL			-
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 000	500)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)			outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/20	6/1-9/30	
Physical Parameters (PPS)			ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)			outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)			outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0090344	MOUNTAIN LAUREL PLAZA, WELL 1				NTNC	55	Р	GW
Local Address (w	here applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
68 STONY HILL R	OAD, BUILDING 1	Connections			1			

Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2013								
RESPOND TO SANITARY SURVEY	7/16/2014								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2014								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2015								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2016								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2017								
CROSS CONNECTION SURVEY REPORT	3/1/2020								

Public Notification Requirements											
	Compliance	Notice	Public No	PN Certification							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Organic Chemicals M&R Violation	10/1/09 - 12/31/09	3	2/26/2011		3/8/2011						

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
23075	WELL #1	2	WELL #2	Α							
56219	WELL 1 TREATMENT PLANT										

Certified Operator Informati	on
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Water System Facility: WELL 1 TREATMENT PLANT (WSF ID: 56219)

Facility Classification:CLASS 1 TREATMENT PLANTCertificationOperator NameOperator TypeCertification(s)ExpirationFOLEY, JAMESCHIEF OPERATORWATER TREATMENT PLANT OPERATOR - CLASS II3/31/2020

TOLLT, JAIVILS			CITICI	OI LIVATOR	WAILK IKLAHVILK	OI LINATOR - CD	3/31/2020			
				Contact Info	ormation					
Name				Organization				Job Title		
Mr. David Dannin				Mountain La		President				
Mailing Address Line One				g Address Line Two	City		State	Zip Code		
11 Deerfield Road				ox 5029	Brookfield		СТ	06804-5029		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Emergency Phone Email Address				
203-775-5994		203-775-5086		203-733-0360	203-792-6336	ddannin@earthlink.net				
				•						

Contact Role(s): Administrative Contact, Legal Contact

	Connecticu	•					_			
	Wate	er Qua	lity Mon	itoring a	nd Con	nplia	ince S	Schedul	.e	
PWS ID	PWS Name						Classification Po		Owner Type	Primary Source
CT0090344	MOUNTAIN LAURI	WELL 1			N <sup>-</sup>	TNC	55	Р	GW	
Local Address (where applicable)				Service	Resider	ntial Co	ommerci	ial Industri	al Combine	ed Agricultura
68 STONY HILL ROAD, BUILDING 1				Connection	ns		1			
Towns Served: BE	THEL			-	1			'	1	
Name		Organization			Job Title					
Mountain Laurel	Plaza Inc									
Mailing Address Line One Mailing Addr				ess Line Two			City		State	Zip Code
11 Deerfield Rd							Brookf	field	СТ	06804
Business Phone Extension Fax		Mo	bile Phone	Emergency	/ Phone	e Email	Address	,		
Contact Role(s):	Owner			1			,			

#### Please note the following:

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End of schedule